Cornerstone Fellowship Mililani Mauka (CFMM) Facilities Use Policy

1. Restrictions On Use

- a. Use of church facilities shall be restricted to non-profit organizations.
- b. Use of church facilities shall be available for private use by CFMM Members. Sponsoring member must be present throughout activity.
- c. Use of church facilities shall be available for private use by CFMM Ministry Teams.
- d. Use of church facilities by any organizations shall not conflict with any church calendared activities.
- e. No drinking of alcoholic beverages or smoking shall be permitted on the church property.
- f. No skateboarding, bicycling, roller skating/blading shall be permitted on church property.
- g. Erection of temporary facilities / structures shall comply with City & County ordinance requirements. Any necessary permits shall be acquired prior to the event.
- h. Approved use of facilities shall be coordinated through the Church Office for inclusion in the church calendar.
- i. Use of facilities must not be for any fundraising or like purpose that will jeopardize the non-profit nature of the Church.
- j. All events shall not contradict the beliefs of Cornerstone Fellowship's ministry.

2. Priority Of Use

- a. Organizations / Ministries of Cornerstone Fellowship
- b. Cornerstone Fellowship Members
- c. Other Baptist organizations
- d. Other Christian organizations
- e. Community service organizations

3. Custodial / Utility Responsibility

- a. Organizations of this church and other Baptist organizations will not be required to make a cleaning deposit or pay the custodial fee, however, they will be expected to restore the facility to a clean and orderly condition
- b. Other organizations (para 2d and 2e) will be required to pay the custodial fee and make a cleaning deposit. Such fees shall be paid upon making the reservation.
- c. Requirements for extended or long-term use will be addressed on a case by case basis.

4. Custodial Fees

- a. A fee of \$10.00 per day shall be charged for opening and closing the building. This fee will be paid to custodian for services.
- b. A deposit of \$50.00 per day shall be charged for cleaning. If using organization cleans and restores facilities to an orderly condition, the deposit will be refunded. If the custodian must clean up, the deposit will be paid to him/her for services.
- c. Decision to refund deposits shall be made by the Property & Space Chairperson or, in his absence, the Church Office.

5. Insurance Requirements

- a. All organizations shall be required to provide a copy of their Certificate of Insurance.
- b. All insurance shall be current.
- c. Cornerstone Fellowship Mililani Mauka and it's representatives shall be included as additional insureds.
- d. General Liability coverage shall be provided as a minimum. All organizational vehicles shall have current insurance. Excess Umbrella shall be required based on review of proposed activity by the Property & Space Chairperson or, in his absence, the Church Office.
- 6. Request for use of facilities must be submitted to the Church Office at least ten (10) business days in advance. Emergencies will be considered on a case by case basis.
- 7. The Property & Space Chairperson in conjunction with the Pastor and Church Office will approve/disapprove all requests.

Approved at the December 17, 2008 Church Business Meeting.

Cornerstone Fellowship Mililani Mauka Application to Use Facilities Fillable PDF Form

Name of Individual/	Organization			
Contact Person _		Title		
Address				
Phone: Day		Evening		
Date of Activity:			Time:	
Purpose in using the	ne church facilities:			
Rooms/Areas that you	u or your organization v	vill be using (please che	eck):	
☐ Worship Center	☐ Kitchen	☐ Breezeway	□ Room 101	
□ Room 102	□ Room 103	□ Room 104	□ Room 201	
□ Room 202	□ Room 203	□ Room 204	□ Room 205	
☐ Exterior Grounds	☐ Parking			
Fellowship liable for provide adequate s and lock up of all ro	r any accidents that mupervision of those us	nay occur while I/we a	cy. I/We will not hold Cornerstone are using the facilities. I/We will be will be responsible to clean up	
Title:		Date:		
Office Use Only (D Signature of Corners	o not write below) stone Fellowship Repres	sentative		
Title:		Date:		
Certificate of Insura	nce Received:	s 🗆 No 🗆 N/A	Acceptable: ☐ Yes ☐ No	
Deposit Amount Received		☐ Cash ☐ Check		
Date Received:		Date Returned:		
		Initial Receipt o	f	
		Returned Denos	it·	